

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -3 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000010149 9126193

1. Limited Liability Company's Name

Future Connections, LLC.

900028438049
02/09/04--01062--007 **150.00

2. Principal Office Address

1777 NW 79th Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

1777 NW 79th Avenue

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

08/23/2000

6. FEI Number

651038475

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33126

Country

USA

Zip

33126

Country

USA

8. Name and Address of Current Registered Agent

Name

Raymond Young

Street Address (P.O. Box Number is Not Acceptable)

1777 NW 79th Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33126

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

1/27/04

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	David Orshan	1777 NW 79th Avenue	Miami, FL 33126
Mgr	Raymond Young	1777 NW 79th Avenue	Miami, FL 33126

REINSTATEMENT

03-04
OR

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

David Orshan

Date 1-27-04

Daytime Phone# 305-640-0293

Typed or printed name of signing Managing Member/Manager David Orshan

CR2E041 (10/02)